



ARKANSAS STATE BOARD OF PUBLIC ACCOUNTANCY
101 East Capitol, Suite 450 Little Rock, AR 72201
Phone (501) 682-1520 Fax (501) 682-5538
www.arkansas.gov/asbpa

WRITTEN NOTIFICATION OF **DEMOGRAPHIC CHANGES ONLY - FIRM**

Complete ALL sections and return to the Board.

The Board of Accountancy must be notified in writing within 30 days of name/address/employment change (Rule 9.1).

EIN: _____ - _____

CERTIFICATE # _____

Firm Name: _____

Name of Resident Manager _____ Certificate Number _____

Physical Address Information

Current: _____ Previous: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

Mailing Address Information

Current: _____ Previous: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

Email: _____ Email: _____

This change only applies to the Firm. Individuals associated with this Firm will need to complete the address change form for an individual CPA/PA. Pursuant to A.C.A. §17-12-401 (g), a change in ownership must be reported to the Board within 30 days after the admission or withdrawal of a partner, shareholder, or member.

Signature _____

Date _____